



Your business
is our business.

DOCKET FILE COPY ORIGINAL

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770
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October 15, 2013

ACCEPTED/FILED

OCT 24 2013

Federal Communications Commission
Office of the Secretary

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Flat Rock Telephone Co-operative
Study Area Code 341012**

Dear Ms. Dortch:

On behalf of Flat Rock Telephone Co-operative "Flat Rock", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Flat Rock seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0 + 3
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0086/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341012
<015> Study Area Name	FLAT ROCK TEL CO-OP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Karen Jackson-Furman
<035> Contact Telephone Number: Number of the person identified in data line <030>	618-774-1000
<039> Contact Email Address: Email of the person identified in data line <030>	kfurman@egyptian.net

ACCEPTED/FILED

OCT 24 2013

Federal Communications Commission
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 34101211510	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 34101211610	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 341012
 <015> Study Area Name FLAT ROCK TEL CO-OP
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Karen Jackson-Furman
 <035> Contact Telephone Number - Number of person identified in data line <030> 618-774-1000
 <039> Contact Email Address - Email Address of person identified in data line <030> kfurman@egyptian.net

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒
 If your answer to Line <110> is yes, do you have an existing §54.202(a) "5
 <111> year plan" filed with the FCC? (yes / no) ☐ ☒

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

July 2013

<015>	Study Area Name	FLAT ROCK TEL CO-OP
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<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
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<039> Contact Email Address - Email Address of person identified in data line <030> kfurman@egyptian.net

[illegible]

-- See attached worksheet --

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 341012

<015>	Study Area Name	FLAT ROCK TEL CO-OP
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<020>	Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
-------	---	----------------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
-------	---	--------------

<039> Contact Email Address - Email Address of person identified in data line <030> kfurman@egyptian.net

1/1/2013

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 341012

<015>	Study Area Name	FLAT ROCK TEL CO-OP
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<020> Program Year	2014
--------------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
-------	---	----------------------

<035> Contact Telephone Number - Number of person identified in data line <030> 618-774-1000

<039> Contact Email Address - Email Address of person identified in data line <030> kfurman@egyptian.net

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341012
<015>	Study Area Name	FLAT ROCK TEL CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
<035>	Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	kfurman@egyptian.net
<810>	Reporting Carrier	Flat Rock Telephone Co-Operative
<811>	Holding Company	
<812>	Operating Company	Flat Rock Telephone Co-Operative

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341012
<015>	Study Area Name	FLAT ROCK TEL CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
<035>	Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	kfurman@egyptian.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341012
<015>	Study Area Name	FLAT ROCK TEL CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
<035>	Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	kfurman@egyptian.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341012
<015>	Study Area Name	FLAT ROCK TEL CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
<035>	Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	kfurman@egyptian.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

341012111210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341012
<015>	Study Area Name	FLAT ROCK TEL CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
<035>	Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	kfurman@egyptian.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

PCC Form 481

OMB Control No. 3050-0036/OMB Control No. 3050-0819

July 2013

<010> Study Area Code	341012
<015> Study Area Name	FLAT ROCK TEL CO-OP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
<035> Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
<039> Contact Email Address - Email Address of person identified in data line <030>	kfurman@egyptian.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, (3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	341012113017
(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3022) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

**Certification - Reporting Carrier
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341012
<015>	Study Area Name	FLAT ROCK TEL CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Karen Jackson-Purman
<035>	Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	kfurman@egyptian.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	FLAT ROCK TEL CO-OP
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date 10/11/2013
Printed name of Authorized Officer:	Donna Branson
Title or position of Authorized Officer:	Office Manager
Telephone number of Authorized Officer:	618-584-3211
Study Area Code of Reporting Carrier:	341012
	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	RCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	341012
<015> Study Area Name	FLAT ROCK TEL CO-OP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Karen Jackson-Furman
<035> Contact Telephone Number - Number of person identified in data line <030>	618-774-1000
<039> Contact Email Address - Email Address of person identified in data line <030>	kfurman@egyptian.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Flat Rock Telephone Co-Operative demonstration of complying with applicable service quality standards and consumer protection rules:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Flat Rock Telephone Co-Operative (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under the Illinois Administrative Code (IAC), Title 83: Public Utilities, Chapter I: Illinois Commerce Commission, Subchapter f: Telephone Utilities. These obligations include, but are not limited to, the following: adherence to Illinois state consumer protection requirements governing telephone providers which include Quality of Service rules as identified in IAC Part 730 and 732, and Compliance with Anti-Slamming and Anti-Cramming Procedures as

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

adopted in Illinois Public Act 90-610 and 97-0822, (3) truth-in-billing requirements pursuant to federal rule and IAC 735.70; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Flat Rock Telephone Co-Operative demonstration of ability to function in emergency situations:

Flat Rock Telephone Co-Operative (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and Title 83, Chapter I, Sub-Chapter f, Section 730.325 of the Illinois Administrative Code. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. In accordance, and compliance, with Title 83, Chapter I, Sub-Chapter f, Section 730.325 (b), all switching offices or equivalent with installed emergency power generating equipment have a minimum of three (3) hours battery capacity; switching offices or equivalent without installed emergency power generating equipment have a minimum battery capacity of five (5) hours.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

Flat Rock Telephone Co-Operative is a quality telecommunications services provider who provides basic and enhanced services at reasonable rates within its service territory. Basic services are offered at the following rates:

Monthly Service Charge

Single Party Residence Service	\$20.39
Single Party Business Service	\$20.39
Federal Subscriber Line Charge-Single Line	\$6.50
Directory Assistance	40¢/65¢
Touch Tone Service	\$1.00
Toll Blocking	Available at no charge for low income customers that qualify
Emergency 911 Services	Surcharges for 911 services are assessed according to
government assessments	
Access to operator services and interexchange services available	

Low-income individuals eligible for Lifeline and Link-Up telephone assistance programs may be eligible for discounts from these basic local service charges through state specified telephone assistance plans.

Basic services are offered to all consumers in the Flat Rock service territories at the rates, terms and conditions specified in the Company's price lists. If you have any questions regarding the Company's services, please call Flat Rock at 618-584-3211 or visit the business office at 104 North Rundle St., Flat Rock, IL for further information regarding the services.

Lifeline and Link Up Assistance

Lifeline and Link Up are government programs that make telephone service more affordable for eligible, low-income households.

What is Lifeline?

Lifeline is a federal program that provides a monthly \$9.25 discount on telephone service to eligible households. If the eligible consumer voluntarily elects toll-blocking while initiating Lifeline service, a deposit is not required.

What is Link Up?

Link Up is a state program that helps pay the installation charge for telephone service.

Who is eligible?

To be eligible for the program, you, your dependent, or your household must participate in one of the following programs:

- Medicaid or Medical Assistance Program
- Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)

- National School Lunch Free Lunch Program

Customers may also qualify for Lifeline if their total household income does not exceed 135% of the Federal Poverty Guidelines.

Are there restrictions?

The Lifeline and Link Up programs are limited to one benefit per household. Lifeline is non-transferable. Subscribers willfully making false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

How can I apply for the Lifeline and/or Link Up Programs?

To enroll in Lifeline, please contact your local business office.

REDACTED – FOR PUBLIC INSPECTION

FLAT ROCK TELEPHONE CO-OPERATIVE (SAC 341012)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY